

Contractor Significant Incident Report (CSIR-1)

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Report Date:	Contracting Activity/ROICC Office
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1. Accident Classification:

☐ Injury
 ☐ Illness
 ☐ Fatality
 ☐ Property Damage
 ☐ Procedural Issues
 ☐ Environmental

Involving:

☐ Hazardous Materials
 ☐ Electrical
 ☐ Equip/Motor Vehicle/
Material Handling
 ☐ Diving
 ☐ Falls
☐ Confined Space
☐ Crane/Rigging
☐ Trenching/Entrapment
☐ Fire
☐ Other
☐ Waterfront Operations
☐ Demolition/Renovation

2. Personal Data:

A. Name (Last, First, M.)	B. Age	C. Sex	D. Social Security Number
E. Job Description/Title	F. Employed By		G. Supervisor's Name

3. Witness Data (Attach Witness Summary Statements to Report):

A. Name (Last, First, M.)	B. Age	C. Sex
D. Job Description/Title	E. Employed By	

4. General Information:

A. Date of Accident (Month/Day/Year)	B. Time of Accident	C. Exact Location of Accident	D. Type of Construction Equipment (Make, Model, Serial Number, Vin #)														
E. Contract Number/Title	F. Construction Activity SIC		G. Hazardous Material Spill/Release														
H. Type of Contract <table style="border: none;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>Construction</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>A/E</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>Service</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>RAC</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>CLEAN</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>JOC</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>OTHER _____</td></tr> </table>		Construction		A/E		Service		RAC		CLEAN		JOC		OTHER _____	I. Contractor's Name/Address/Phone Number (1) Prime: (2) Sub:		
	Construction																
	A/E																
	Service																
	RAC																
	CLEAN																
	JOC																
	OTHER _____																
J. Safety Manager's Name Phone #		K. Insurance Carrier															
(1) Prime: (2) Sub:		(1) Prime: (2) Sub:															

L. Work Activity at Time of Accident

M. Personal Protective Equipment?

- (1) Available & Used (2) Not Required
(3) Available & not used (4) Not Related to mishap
(5) Wrong PPE for job
(6) List Type(s) used:

5. Injury/Illness/Fatality Information:

A. Severity of Illness/Injury	B. Estimated Days Lost	C. Estimated Days Hospitalized	D. Estimated Days Restricted Duty
E. List Body Part(s) Affected	F. Nature of Illness/Injury	G. Type and Source of Injury/Illness (1) Type: (2) Source:	

6. A. Accident Description (Describe in your own words) (Use additional paper if necessary)

- B. Who provided first aid and/or cleanup of mishap site?
- C. Any blood borne pathogen exposure by other than EMT's? If so who?
- D. Was site secured and witness interviews taken immediately?
- E. List OSHA and EM 385-1-1 standards/requirements that were violated?

7. Causal Factors (Explain yes answers on a supplementary sheet)	YES	NO
Design - Was design of facility, workplace, or equipment a factor?		
Inspection/Maintenance - Were inspection & maintenance procedures a factor?		
Persons Physical Condition - In your opinion, was the physical condition of the person a factor?		
Operating Procedures - Were operating procedures a factor?		
Job Practices - Were any job safety/health practices not followed when the accident occurred?		
Human Factors - Did any human factors such as size or strength of person etc., contribute to the accident?		
	YES	NO

Environmental Factors - Did heat, cold, dust, sun, glare, etc., contribute to the accident?

Chemical & Physical Agent Factors - Did exposure to chemical agents, such as dust, fumes, mists, vapors or physical agents such as noise, radiation, etc., contribute to the accident?

Office Factors - Did office setting such as lifting office furniture, carrying, stopping, etc., contribute to the accident?

Support Factors - Were inappropriate tools/resources provided to properly perform the activity task?

Personal Protective Equipment - Did the improper selection use, or maintenance of personal protective equipment contribute to the accident?

Drugs/Alcohol - In your opinion, were drugs or alcohol a factor?

Activity Hazard Analysis - Was the lack of an adequate (IAW EM 385-1-1 Sec 01.A.09) Activity Hazard Analysis a contributing factor?
- Was it site specific and address the type of work/operations performed when the mishap occurred?

Management - Did the lack of adequate supervision contribute to the accident?

- Was inadequate information provided at pre-con meeting?

8. Training:

A. Was/were person(s) trained to perform activity/task?

B. Type of training?

C. Date of most recent formal training?

/ /

D. List topics discussed

9. Fully Explain What Allowed or Caused The Accident, Include Direct and Indirect Causes:

A. Direct Cause

B. Indirect Cause

C. Action(s) taken to prevent re occurrences or provide on-going corrective actions.

D. Corrective Action Dates

(1) Beginning (Mo/Da/Yr) / /

(2) Anticipated Completion Date (Mo/Da/Yr) / /

10. OSHA

A. Date OSHA was notified / /

C. Date of OSHA Citation / /

B. Date OSHA Investigated / /

D. \$ Amount of Penalties:

11. Report Preparer

Print Name & Title of Supervisor Completing Report

Signature: _____

Date (Mo/Da/Yr) _____

12. Management Review (Contracting Officer)

A. ☐ Accepted

B. ☐ Amendments Required

C. ☐ Comments (include program improvements required for your Command. NAVFACHQ Construction Safety Program and EM 385-1-1)

D. Print Name & Title of Official Completing Report

Signature: _____

Date: (Mo/Da/Yr) _____

13. Safety And Occupational Health Officer Review

A. ☐ Concur

B. ☐ Non Concur

C. ☐ Additional Actions/Comments

D. Print Name & title of Safety Personnel Reviewing

Signature: _____

Date (Mo/Da/Yr) _____

